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waship er Village City No. (If birth occurred in a hospital or institution, give its NAME instead of street and number) Foll name of child MORRELL Sex M It plants 4. Twin, triplet, or other 5. Number, in order of birth Full terms Father Frank Morrell Revidence (twod place of abode) (If nonresident, give place and State or country): 12. Age at last birthday (years) 13. Full makes Frank Morrell Revidence (twod place of abode) (If nonresident, give place and State or country): 14. Trade, profession, or particular kind of work done, as aphanes, sawyer, bookeeper, etc. 15. Industry or business in which work make done, as alk mill, swork make done, as alk mill, set. 25. Date (month and year) last engaged in this work more dead (c) Stillborn, date of this birth and including this child). (a) Born alive and now living (b) Born alive but now dead (c) Stillborn, price of this birth and including physiciem middle). (b) Born alive or stillborn) CRITIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was (Signed) T. H. Kinnelfrd CRITIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was (Signed) T. H. Kinnelfrd CRITIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (Signed) T. H. Kinnelfrd CRITIFICATE OF	LACE OF BIRTH:	-	- 3				ARI2	ONA			
City	County		3.		S	tete			••••		
City No. (If birth occurred in a hospital or institution, give its NAME instead of street and sumber) full name of child MORRELL Sex Morrish Fatter Fatter	waship	,			or '	Village			_		
Sex M If planed 4. Twin, triplet, or other 6. Premature 7. Legiti- 5. Number, in order of birth Full term mate? 8. Date of birth (Month, day, year) FATHER MOPPOLL 18. Full maiden mates (Month, day, year) Residence (usual place of abode) (If nonresident, give place and State or country): 10. Color or race 12. Age at last birthday (years) 11. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. 12. Industry or business in which work was done, as sulk mill, sawmill, bank, etc. 13. Industry or business in which work was done, as sulk mill, etc. 14. Trade, profession, or particular kind of work done, as submaskeeper, typist, narrae, clerk, etc. 15. Industry or business in which work was done, as sulk mill, etc. 16. Date (month and year) last engaged in this work 19. Residence (usual place of abode) (If nonresident, give place and State) 22. Color or race 21. Age at last birthday 22. Birthplace (city or place and State or country): 22. Birthplace (city or place and State or country): 23. Trade, profession, or particular kind of work done, as because the work was done, as who home, lawyer's office, silk mill, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 193	City			No			bassical or institution	on give its NAN	IE instead of a	street and number)	are.
Sex M If placed 4. Twin, triplet, or other 5. Number, in order of birth Full term mate? S. Number, in order of birth Full term mate? S. Number, in order of birth Full term mate? S. Number, in order of birth Full term mate? S. Number, in order of birth Full term mate? MOTHER Seridence (usual place of abode) (If nonresident, give place and State) [18. Full mater in maiden number of another give place and State) [19. Residence (usual place of abode) (If nonresident, give place and State) [10. Color or race 12. Age at fast birthday (years) [11. Trade, profession, or particular kind of work done, as spinner, sawyer, bookecper, tete. [12. Age at fast birthday (years) [13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookecper, tete. [15. Industry or business in which work work was done, as submitted the work work was done, as submitted the work was done, as submitted the work work was done, as submitted the work work office, silk mill, etc. [16. Date (month and year) last engaged in this work 193 Number of children of this mother (At time of this full and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn During labor (Born alive or stillborn) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was so stitending physician materials, then the father, heavesholders, should make this return. (Date of) (Date of) Filed Nov. 17, 1836 Bo. J. Whiteside Reciproder	ull name of child	~~ 4 * * * * * * * * * * * * * * * * * *	MORRE	LL	(II Dirth occ	otien i	ii a nospitat o		{ If child suppler	d is not yet named, nental report, as dire	make cted.
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